LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001

MEETING SUMMARY
Thursday, December 4, 2003
1:00 p.m.-5:00 p.m.
St. Anne's Foundation – Conference Room
155 N. Occidental Blvd.-Los Angeles, CA 90005

MEMBERS PRESENT		ABSENT
Jeff Bailey	Vanessa Talamantes	Mark Etzel
Chi-Wai Au	Sergio Avina	Vicky Ortega
Diane Brown*	Richard Browne*	
Gordon Bunch	Antonio Bustamante*	
Cesear Cadabes	Edward Clarke	
David Giugni	Edric Medina*	
Veronica Morales*	Mario Perez	
Ricki Rosales	Gail Sanabria	
Kathy Watt	Freddie Williams	
Richard Zaldivar*	Rodolfo Zamudio*	

*** Denotes present at one (1) of the roll calls**

STAFF PRESENT

Eduardo Alvarado	Juli-Ann Carlos	Connie Chavers	Elizabeth Escobedo
Charles L. Henry	Mike Jansen	John Mesta	Darren Roberts
Gabriel Rodriguez	Rene Seidel	Anna Soto	Marcha Stevenson
Cheryl Williams	Tracey Williams	Paulina Zamudio	

I. ROLL CALL - Roll call was conducted and a quorum is present.
Freddie Williams was introduced and welcomed as a new member to the PPC (Prevention Planning Committee).

II. REVIEW/APPROVAL OF MEETING AGENDA
The DRAFT December 4, 2003 meeting agenda was approved by consensus.

III. REVIEW/APPROVAL OF NOVEMBER 6, 2003 MEETING SUMMARY
The DRAFT of the November 6, 2003 Meeting Summary was reviewed and approved without any corrections by consensus.

IV. PUBLIC COMMENT
- **Angel**, LAGLC, extended an invitation to everyone to attend the "*THANK YOU DINNER*" on Monday, December 8, 2003 from 8:00 PM to 10:00 PM at The Village. Invitation cards on the back table.
- **Tim Young,** APAIT, announced the effective February, 2004, funding for special needs services would end for agencies that provide translation services.

V. COMMUNITY PLANNING PROCESS NEXT STEPS PRESENTATION/DISCUSSION
Jeff Bailey provided a power point presentation titled *Los Angeles County HIV Prevention Plan: Next Steps* and facilitated a discussion of the next steps for the Community Planning process. OAPP has hired a consultant to assist the PPC with the development of a Comprehensive Prevention Plan. The presentation highlighted the following:

1. Identify/Prioritize Behavioral Risk Groups and Other Populations
   - ♦ Prioritize Behavioral Risk Groups (BRGs)

STEPS	COMPLETION
Review EPI data	January, 2004
Review GEN (Geographic Estimate of Need) data	January, 2004
Make recommendations	January, 2004/vote
Refine subpopulations	January, 2004/vote

2. Community Assessment (Community Forums – Quick Intercept Surveys) – identify barriers, needs and gaps
   - Develop Assessment Tools
   - IRB (Institutional Review Board) review/approval
   - Implementation of Community Forums
     - ➢ Compile/analyze data
     - ➢ Report findings to PPC
   - Quick Intercept Surveys
     - ➢ Recruit/train outreach workers
     - ➢ Compile/analyze data
     - ➢ Report findings to PPC
   - Complete Gaps Analysis
3. Resource Allocation/Intervention Recommendations

STEPS	COMPLETION
▪ Develop Allocation Tables % based on GEN percentages - BRG - Race/Ethnicity - SPAs	February, 2004
▪ Make Recommendations	February, 2004/vote

Interventions

STEPS	COMPLETION
▪ Examine Intervention data (Prevention Plan Ad-Hoc)	January, 2004
- Input data into RAND Excel spreadsheet	January, 2004
- Make recommendations to PPC	February, 2004/vote

4. Draft RFP(Request For Proposals)/Draft HPP (HIV Prevention Plan)

Next Steps

- identify and refine individual behavioral risk groups and other populations that will be incorporated in the HIV Prevention Plan. Current prevention plan has been extended with the current BRG model.
- in January, 2004, the updated HIV/EPI profile will be reviewed by PPC to make decisions and vote on specific BRGs and populations within BRGs that we want to include in Prevention Plan.
- Community Assessment forums and quick intercept surveys are tentatively scheduled for January, 2004. The Prevention Plan AdHoc Sub Committee is requesting/soliciting the assistance of PPC and providers to assist in the identification of outreach workers (people to be trained so that we can go out in the field to identify and access people who do not generally access services).
- Resource Allocations – determining percentages to apply to the different BRGs.
- complete GAP analysis and review GEN (Geographical Estimate of Need) data.
- examine intervention data.
- Make recommendations for Los Angeles County of any BRG and sub populations within a BRG to be included in Prevention Plan.
- Draft RFP and release RFP.

FINAL STEPS

- Draft HIV Prevention Plan
- Present to PPC and Non-PPC members for feedback
- Refine plan based upon feedback
- Vote on Plan

- Present final plan to PPC and Non-PPC members
- Publish and distribute plan

Tentative completion date for the DRAFT of the Prevention Plan is March, 2004.

QUESTION: When will the RFP be released (during the DRAFT Prevention Plan period or after final Prevention Plan has been published)?
ANSWER: During the DRAFT Prevention Plan period.

Copy of this presentation on file.

VI. STD/HIV INTEGRATION PROJECT PRESENTATION

Charles L. Henry presented a power point presentation titled "HIV/STD Integration: To Be or Not To Be? And Other Programmatic Considerations". Framing the issue includes:

- Broad Agreement on Principles of Integration
  - Public Health Opportunity
  - Overlapping Risk Groups
  - Client Convenience
  - Potential Cost Efficiencies
  - Funder Expectations
- Varying Philosophies and Perspectives

HIV	STD
▪ Contract Services for System of Care	▪ Limited Contracts and Public Health System
▪ Community Planning	▪ No Community Planning
▪ Increasing Complexity of Care	▪ Limited Change in Treatment Options
▪ Targeting Priority Populations	▪ Broad Screening of Populations
▪ Risk Assessment	▪ Symptom Focused
▪ Chronic	▪ Curable
▪ Long-Term Care	▪ Short-Term Care
▪ Emphasize Prevention and Treatment	▪ Emphasize Screening and Control
▪ Rapidly Changing Technology	▪ Limited Change in Technology

- Differences in Planning Experiences

STD	HIV
▪ Disease Control Planning	▪ Evidence Based Community Planning
▪ Health Department and Clinician Driven	▪ Community and Health Department Partnerships
▪ Mandated Participation in HIV Planning	▪ Mandate and Funding for Planning
	▪ Process as Important as Substance

- Implementation Challenges
  - Risk Assessment Focus and Intensity
  - Risk Reduction Goal Setting
  - Funding and Reimbursement
  - Data Collection and Reporting
  - Prevention versus Care Model
  - Confidential and Anonymous Testing
  - Blood versus Other Fluid Screening
- Local Initiatives and Efforts
  - HIV Outpatient Clinics
    - HIV Counseling and Testing
    - Multiple Morbidity Screening
    - Risk Reduction and Health Education
  - Training
  - Program Monitoring
- Prioritization and Allocation Questions
  - ➢ Can we prioritize multiple morbidities in the context of unmet HIV need?
  - ➢ Co-factors or Co-morbidities, which contribute more to HIV burden?
  - ➢ When does private profit become a public health burden?
  - ➢ How to prioritize prevention between the privileged and under-privileged?

Additional Program Considerations

- Ensure that those testing for HIV return for their results even if means adopting a policy of encouraging confidential over anonymous testing, to ensure appropriate follow-up.
- Develop and implement strategies to ensure that HIV positive persons have the skills, assistance and support to disclose their status to all of their risk partners, past and future.
- Commit as HIV planners to learning how drug interdiction efforts can contribute to reducing new HIV transmissions, just as we have come to understand the importance of harm reduction strategies.
- Continue to provide leadership for integrating prevention services across HIV and other public health challenges including STDAs, substance abuse, hepatitis and tuberculosis.
- Fund fewer local HIV prevention programs but at higher levels to ensure program comprehensiveness and expert staffing patterns.
- Ensure that a behavioral scientist is part of all prevention programs as a core-staffing pattern.

A copy of the presentation is on file.

VII. CRYSTAL METH (METHAMPHETAMINE) USE BY MSM PRESENTATION

Dr. Cathy Reback presented on Crystal Meth use by gay and bisexual men. Meth use by gay and bisexual men remains prevalent in Los Angeles. In Los Angeles, the AIDS epidemic is primarily driven by MSM: 76% of HIV infections in Los Angeles are MSM compared to 56% of HIV infections in the remainder of the United States. Samples from a focus forum reinforce the theory that gay men view Crystal Meth use as a means to enforce their identity and sexual activities. Research indicates when on Crystal Meth, HIV status is not talked about and the responsibility to use a condom is placed on the other partner. Result of the study was Crystal Meth use is normative and institutionalized in gay settings (84% of people surveyed indicated Crystal Meth use was initiated in a gay setting – 44% by a partner or lover and 40% by a gay friend)).

Lessons Learned and What Can We Build On?

- The importance of identities – interrelated identities (gay identity, HIV identity and their identity as Crystal Meth users) to drug use and sexual risk
- 100% of survey participants stated they use Crystal Meth along with sexual activities (discussed the sexual enhancement of the sexual activities while on Crystal Meth stated sex was intense, heightened, prolonged, and uninhibited.
- Some of the participants indicated they used Crystal Meth to manage their HIV related symptoms (i.e. make them feel better, have more stamina, help them feel younger).

Interventions

- Contingency Management – viable drug treatment with increasing valuable reinforcement for successful urine samples documenting drug absence (participant reimbursed $2.50 per clean test). No talking therapy and no group therapy.
- Cognitive Behavioral Therapy – standard behavioral therapy that instills abstinence and relapse prevention.
- Combined Contingency Management Model and Cognitive Behavioral Therapy
- Gay Specific Intervention – use Cognitive Behavioral Therapy with an emphasis on external triggers (i.e. Gay Pride Festivals, going to a bathhouse, Halloween, etc.). Get people to think, "One Day at A Time".

Follows Up interviews were conducted at 14 weeks, 6 months and one- (1) years. There was a significant change in behavior at the one-year follow-up interview.

Drug abuse treatment is HIV prevention because drug abuse treatment reduces high-risk sexual activity. Guys must be placed in some culturally relevant drug treatment program to reduce HIV risk.

QUESTION: Were there things/reasons the men discussed as to why they used (i.e. mental health issues, self medicating, etc.) that came up during these interviews and previous interviews?
ANSWER: Some talked about self-medicating for forms of ADD (Attention Deficient Disorder). Some participants stated in some instances it was taking too long to see a psychiatrist for medication, so they would self medicate with Crystal Meth. A few participants responded they self medicated for depression. Most of the participants responded they were using the drugs for sexual reasons.

QUESTION: What comes before the sexual and Crystal Meth use, is there something they are desiring?
ANSWER: The drug and the sexual use started at the same time, they go hand-in-hand. Gay men are raised in a gay culture that rewards substance use. Need to look at the community and the culture.

QUESTION: Is it reasonable to conclude what these men are looking for when they adopt Crystal Meth use is, they (gay men) are looking for sexual integration? How to incorporate your sexual orientation into your own life.
ANSWER: Complex issue that may be one of the reasons. One of the themes is, people will use Crystal Meth to feel that could have the sex that they wanted to have that they could not have without Crystal Meth; however, some respondents reported when they use Crystal Meth, they would have the sex that did not want to have.

QUESTION: Did you ask any questions regarding any commonly used drugs other that Crystal Meth?
ANSWER: Yes.

QUESTION: How many people did you interview in your study?
ANSWER: 1st study we interviewed 63 and in the 2nd study there we interviewed 162.

This finding is scheduled to be published in 2004 as an article in "AIDS and Behavior".

A copy of this presentation is on file.

VIII. BREAK

IX. HIV COUNSELING AND TESTING DATA PRESENTATION
Eduardo Alvarado, OAPP, presented HIV Counseling and Testing Preliminary Year End 2002 Data.

A copy of the presentation was distributed at the meeting and on file.

QUESTION: Is the data on the **Positive by SPA** slide based on where they live or where they were tested?
ANSWER: The source is the HIV5 form - the zip code of residence.

QUESTION: Is there a lot of incomplete data and incomplete reporting?
ANSWER: Yes, the new HIRS system should alleviate some of these inconsistencies.

QUESTION: With the new CDC programs, will agencies will be required to use the new CDC Counseling and Testing Data form or will they continue to use HIV 5?
ANSWER: The rapid testing a hand held device would be used to collect information using a basic CTS data platform (asking most of the questions currently on the HIV 5 form). Local jurisdictions have the option to add data variables. OAPP has provided CDC with all of our data variables.

QUESTION: Is there an anticipated date for the State of California to release the State's Rapid Testing Counseling Protocol?
ANSWER: Gail Sanabria does not know the answer. She will check with her office.

QUESTION: Is there any idea on the number of false positive and/or false negative results with Rapid Testing?
ANSWER: Based on the prevalence at the testing site. Tiffany Horton reported LAGLC has not had a false positive this go around (approximately 1,500 Rapid Tests performed this year).

QUESTION: Has Los Angeles County begun Rapid Testing in the downtown Los Angeles area?
ANSWER: Yes.

QUESTION: Has OAPP enforced any selective criteria for counselors and/or the training of counselors for Rapid Testing?
ANSWER: Mario Perez responded, OAPP would adopt the State of California criteria. Counselors who provide less than 12 test per month and sites with a prevalence of less than .25% will be re-examined to shift resources invested in that site.

X. HALSA (Legal Check-Up for People w/HIV) PRESENTATION
Doreen Servanti explained that the HALSA Legal Check-Up for people with HIV is a model of a prevention intervention. David Schulman, City of Los Angeles – AIDS/HIV Discrimination Unit, pioneered the Legal Check-Up program.

The Legal Check Up for people with HIV/AIDS was created to evaluate the existing system for delivering legal services to people living with HIV and AIDS. HALSA used an array of strategies to assist and empower people living with HIV and AIDS 9 ranging from simple services as educating an individual about his/her rights in a phone call or by giving a brochure to the filing of a lawsuit, to representing all those infected through impact litigation and policy advocacy).

The City of Los Angeles was discontinued HALSA effective October 1, 2003. A limited number of handouts were available.

XI. COMMUNITY CO-CHAIRS REPORT

Member Recognition: Plaques were given to the following: Diane Brown, Darren Roberts, Royce Sciortino, Rose Veniegas, Gordon Bunch, Kathy Watt, Mark Etzel and Jeff Bailey. Certificates were given to all PPC Members: Jeff Bailey, Mario Perez, Vanessa Talamantes, Chi-Wai Au, Sergio Avina, Diane Brown, Richard Browne, Gordon Bunch, Antonio Bustamante, Cesar Cadabes, Edward Clarke, Mark Etzel, David Guigni, Edric Mendia, Veronica Morales, Vicky Ortega, Ricki Rosales, Gail Sanabria, Kathy Watt, Richard Zaldivar and Rodolfo Zamudio.

XII. GOVERNMENTAL CO-CHAIR REPORT

Mario Perez reminded the committee that the CDC has announced Program Announcement 04064 ($49 million in HIV Prevention resources) to be directly distributed to Community Based Organizations (CBOs). OAPP is willing to assist CBO in making the applications to the CDC as competitive as possible.

XIII. SUB-COMMITTEE REPORTS

- **Prevention Plan Ad Hoc – Royce Sciortino** encouraged PPC members to participate in the Prevention Plan Ad Hoc Sub-Committee.
- **CHHS Update – Kathy Watt** reported on the two (2) day retreat sponsored by CHHS.
- **Youth Leadership –** Because the Youth Leadership Sub Committee were unable to present awards at World AIDS Day event on Monday, December 1, 2003; **Sergio Avina, Jeff Bailey, Vanessa Talamantes, Mario Perez and Chuck Henry** recognized three (3) youth for their efforts in youth HIV prevention efforts:
  - **Mario Gonzalez, P**eer **A**dvocates **T**eaching **H**ealthy **S**olutions, plaque was given to Diane Brown to give to Mr. Gonzalez.
  - **Kafi Battersby,** Reach LA, was presented a plaque and flowers for her outstanding efforts.
  - **Sean Arayasrikul,** Children's Hospital L.A., plaque was given to Tim Young to present to Mr. Arayasrikul.
- **Joint Public Policy –** No report.
- **State Office of AIDS Update – Gail Sanabria** reported the State Office of AIDS has made cuts in staff. 16 positions have been eliminated from the budget. Gail Sanabria thanked Mario Perez for presenting HIV Counseling and Testing data to State representatives. CHGP is scheduled to meet in April, 2004 in San Francisco.

XIV. PPC MEMBERSHIP/ATTENDANCE & RECRUITMENT

Jeff Bailey reiterated there are gaps in PPC membership and the PPC attempting to recruit/solicit membership.

XV. ANNOUNCEMENTS

Wendy Schwartz, City of Los Angeles AIDS Coordinators Office, announced

- An article titled HIV and AIDS in Los Angeles 21st Century Challenges and Approaches from "The White Paper on AIDS" will be presented at the Los Angeles City Hall on Friday, December 5, 2003 at 10:00 AM.
- The City of Los Angeles AIDS Coordinators Office has released two (2) RFPs (Requests for Proposals):
  - 2004-2006 AIDS Prevention Programs for young men of color, young women of color and harm reduction program
  - A study on HIV Sero Prevalence, Risk Behavior, Knowledge and Attitude among Gang Members.

Richard Zaldivar commended the City of Los Angeles Mayor's Office and the HIV Leadership Council for drafting and completing the article "HIV and AIDS in Los Angeles 21st Century Challenges and Approaches".

Jeff Bailey announced the City of West Hollywood, APLA and other agencies are hosting an annual Club Freedom event on New Year's Day.

XVI. CLOSING ROLL CALL

XVII. ADJOURNMENT
Note: All agenda items are subject to action.

NOTE: All HIV Prevention Planning Committee (PPC) meeting summaries, tapes and documents are available for review and inspection at Office of AIDS Programs and Policy (OAPP) located at 600 South Commonwealth Avenue, 6th Floor, Los Angeles, CA 90005. To make an appointment to review these documents, please call Cheryl Williams at (213) 351-8126.

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